Name in Full: Thelma Brown

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pasadena City — County: Anne Arundel

Date of death 1914: Month: March — Day: 24 — Age: Years: — Months: — Days: 13

Sex: Female — Color or Race: White — Birthplace: Pasadena City

Married, Single or Widowed: — — Occupation: Infant

Name of Wife or Husband: —

Father's Name: Jas Brown — Father's Birthplace: Va

Mother's Maiden Name: Maggie Ryan — Mother's Birthplace: Va

Name of person giving information: Jas Brown — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Anantrax — How long: 12 sts to life

Immediate: " — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dan'l J Quinn

Address: Pasadena City Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Mrs Comfort Collier Crapper

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Bishopsville; County: Worcester

Date of death 1904: Month: March; Day: 4; Age: Years: 76; Months; Days

Sex: Female; Color or Race: White; Birthplace: Maryland

Occupation: House work; Where Residing if not at place of death: At Home

Married, Single or Widowed: Married; Name of Wife or Husband: Wm. Crapper Age 90

Father's Name: [illegible]; Father's Birthplace

Mother's Maiden Name: [illegible]; Mother's Birthplace

Name of person giving Imformation: Elbridge Crapper; How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Asthma; How long: 4 Days

Immediate: No; How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A P Collier

Address: Bishopsville Md

Accident or Suicide?

LIBRARY BUREAU

Name in Full: William Collins

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Stockton (County) Worcester

Date of death 1904 (Month) March (Day) 20th (Years) Age 52 (Months) (Days)

Sex Male | Color or Race Black or African | Birthplace near Stockton

Occupation Farmer | Where Residing if not at place of death At place of death

Married, Single or Widowed Married | Name of Wife or Husband Maria Collins

Father's Name Jacob Collins | Father's Birthplace near Stockton

Mother's Maiden Name Harriet Wise | Mother's Birthplace near Stockton

Name of person giving Imformation Ambrose Remby | How related to deceased not related

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Consumption | How long 6 months or longer

Immediate Catarrh | How long 1 week or more

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J J Parker

Address Stockton, Maryland

Accident or Suicide?

LIBRARY BUREAU A88018

Name in Full: Carrie Cropper

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mar Powhatan — County: Worcester

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904	Month: Feb	Day: 25	Years: Age 23	Months	Days
Sex: Female	Color or Race: colored		Birthplace: Worcester Co		
Married, ~~Single~~ or Widowed	Occupation				
Name of Wife or Husband: Henry Cropper					
Father's Name: Frank Purnell			Father's Birthplace: Worcester Co		
Mother's Maiden Name: Eliza Teagle			Mother's Birthplace: " "		
Name of person giving In formation: Henry Cropper			How related to deceased: Husband		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Lagrippe	How long: 4 Weeks
Immediate: Pneumonia	How long: 1 week
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: Samuel L Timmons
	Address: Pocomoke city Md
Accident or Suicide?	

LIBRARY BUREAU A83516

Name in Full: James J. Davis

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Stockton — County: Worcester

Date of death: Month: Mar — Day: 25 — 1904

Age: Years: 45 — Months: 10 — Days: 16

Sex: Mail — Color or Race: White — Birthplace: Powellsville

Occupation: Oysterman — Where Residing if not at place of death: Stockton

Married, ~~Single~~ or Widowed — Name of Wife or Husband: Mrs. Ella

Father's Name: Lowdwick F. Davis — Father's Birthplace: Powellsville

Mother's Maiden Name: Martha A. Fraser — Mother's Birthplace:

Name of person giving Imformation: J. H. Payton — How related to deceased: Brother of Law

93

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid and Pneumonia — How long: 14 days

Immediate: Pulmonary Congestion — How long: 4 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. D. Dickerson

Address: Stockton Worcester Co Md

Accident or ~~Suicide~~?

LIBRARY BUREAU A88016

Name in Full: Mrs H Davis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Whiton — County: New Castle

Date of death: 1907 — Month: March — Day: 11 — Years: Age 83 — Months — Days

Sex: Fem — Color or Race: White — Birthplace: Worcester

Occupation: Farming — Where Residing if not at place of death: near Whiton

Married, Single or Widowed: Married — Name of Husband or Wife: Nancie Davis

Father's Name: Van Tilmery — Father's Birthplace: —

Mother's Maiden Name: Margaret Davis — Mother's Birthplace: Worcester

Name of person giving Information: Mrs Wright — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Diabetes — How long: 4 days

Immediate: — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Louis Feeney

Address: Pittsville Md

Accident or Suicide?

Paul C Finch J P

LIBRARY BUREAU A8435

Name in Full: Edwin F Dinckson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Baltimore — County: Balto "

Date of death: Month: 3 — Day: 15 — Years: 24 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Worcester

Occupation: Merchant — Where Residing if not at place of death: Berlin Md

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Edward D[illegible] — Father's Birthplace: Md

Mother's Maiden Name: Hattie C Williams — Mother's Birthplace: "

Name of person giving Information: E F Dinckson — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Appendicitis — How long: 10 days

Immediate: Peritonitis — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

~~Signature of~~ Physician: Dr E F Dinckson

Address: Berlin Md

Accident or Suicide?

LIBRARY BUREAU A99010

Name in Full: Infant Norman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Taylorville — County: Worcester

Date of death 1904 — Month: 3 — Day: 3

Age — Years: — Months: — Days: Born Dead

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John Dashiell — Father's Birthplace: Md

Mother's Maiden Name: Mary Wyatt — Mother's Birthplace: "

Name of person giving Information: John Dashiell Jr — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dead Born — How long

Immediate: " — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Had None

Address: Berlin Md

Accident or Suicide?

L E Wise Jr Undertaker

LIBRARY BUREAU

Name in Full: Annie E Hall

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Berkley — County: Worcester

Date of death: Month: March — Day: 24 — 1904

Age: Years: 63 — Months — Days

Sex: Female

Color or Race: Colored

Birthplace: Worcester Co

Occupation: Domestic

Where Residing if not at place of death: Worcester Co

~~Married~~ or Widowed

Name of Wife or Husband: Eddie Hall

Father's Name: Don't know

Father's Birthplace: Don't know

Mother's Maiden Name: "

Mother's Birthplace: " "

Name of person giving Imformation: Arnold Johnson

How related to deceased: Son in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Kidney disease

How long: 1 month

Immediate: Concussion of brain

How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Lloyd L Lemmon

Address: Pocomoke City Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A68016

Name in Full: Ursilla Jane Holland

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Stockton — County: Worcester

Date of death: 1904 March 10 Day

Age: Years 36 Months 8 Days 6

Sex: Female — Color or Race: Colored — Birthplace: Stockton

Occupation: Housekeeper — Where Residing if not at place of death:

Married, Single or Widowed — Name of Husband: Moses J. Holland

Father's Name: Isaac Holland — Father's Birthplace:

Mother's Maiden Name: Mary Perrigan — Mother's Birthplace:

Name of person giving Imformation: Moses Holland — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Child birth — How long:

Immediate: Pneumonia — How long: 5 days.

PHYSICIAN OR CORONER

Are the name, age, sex, color. date and place correctly given above? Yes.

Signature of Physician: J. D. Dickerson

Address: Stockton Md

Accident or Suicide?

LIBRARY BUREAU A83516

Name in Full: Elizabeth Hommon.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: New ark — County: Worcester

Date of death: 1904 — Month: Mar — Day: 24 — Years: 70 — Months: — — Days: —

Sex: Female — Color or Race: Colord — Birthplace: Worcester

Occupation: House Wife — Where Residing if not at place of death: Worcester

Married, Single or Widowed: Married — Name of ~~Wife~~ Husband: Samuel Hommon

Father's Name: unknown — Father's Birthplace: unknown

Mother's Maiden Name: Rodia Bishop — Mother's Birthplace: Worcester

Name of person giving information: Samuel Hommon — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dropsy — How long: 2 years

Immediate: Plumer — How long: 10 months

Are the name, age, sex, color, date and place correctly given above? Yes. Worcester

Signature of Physician: Dr. Conoway.

Address: New ark. Maryland

Accident or Suicide? unnly

LIBRARY BUREAU A66515

Name in Full: Sarah Jenkins

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Patuxent city — County: Wicomico

Date of death: 1904 — Month: March — Day: 6 — Age: Years: 76 — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: Worcester Co Md

Occupation: Domestic — Where Residing if not at place of death: Princess Anne

Married, Single or Widowed: Widow — Name of Wife or Husband: John Jenkins

Father's Name: Lemuel Calmore — Father's Birthplace: Worcester Co

Mother's Maiden Name: Don't know. — Mother's Birthplace:

Name of person giving Imformation: Henry Todd — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart disease — How long: 2 years

Immediate: asthma & dropsy — How long:

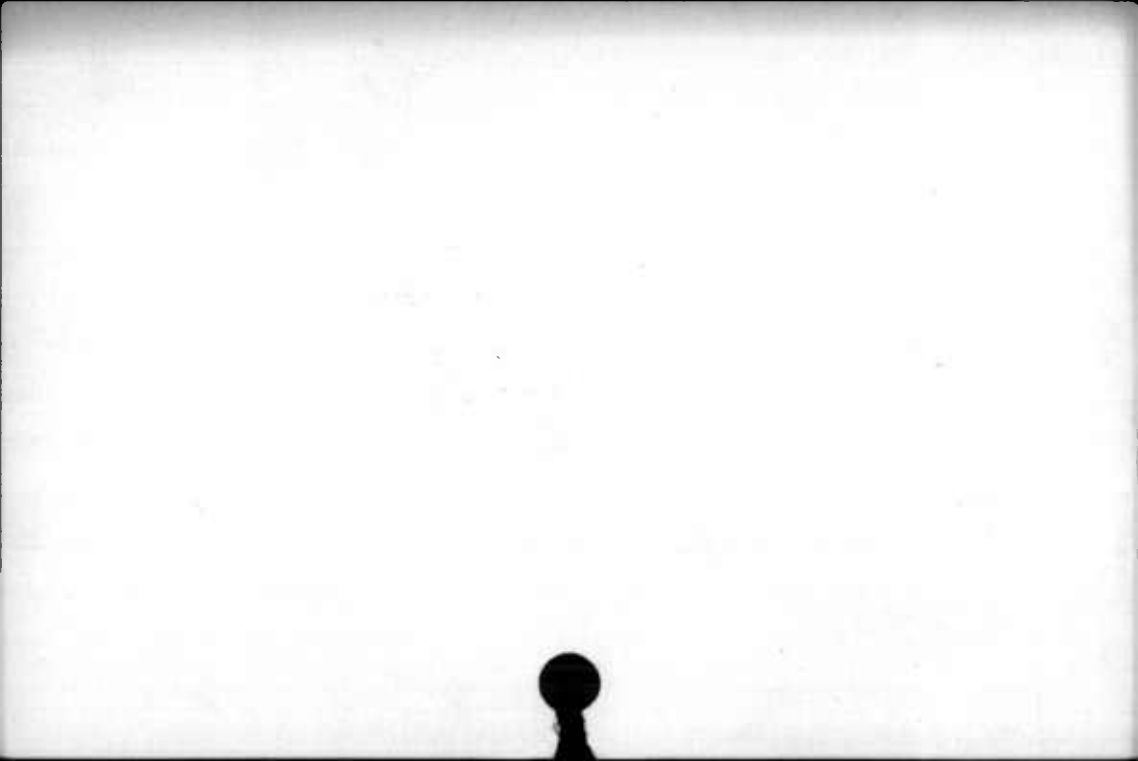
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Lewis E. Lemmon

Address: Pocomoke city Md

Accident or Suicide?

LIBRARY BUREAU A58818



Name in Full: Isaac R Randolph Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pocomoke City; County: Worcester

Date of death	Month	Day	Age: Years	Months	Days
1904	3	20	3	—	

Sex: Male | Color or Race: Colored | Birthplace: Pocomoke

Occupation: none | Where Residing if not at place of death: Laurel St

Married, Single or Widowed: Sini | Name of Wife or Husband: —

Father's Name: Robert Johnson | Father's Birthplace: Pocomoke

Mother's Maiden Name: Alice Pitts | Mother's Birthplace: Berlin

Name of person giving Imformation: R. Johnson | How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cerebal Congestion | How long: 2 weeks

Immediate: Heart Failure | How long: 3 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H. H. Willis

Address: Pocomoke City, Md.

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Tom. Handy Johnson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Snowhill — County: Worcester

Date of death 1904 — Month: Mar — Day: 20

Age — Years: 2 — Months: — Days: —

Sex: Male

Color or Race: Colored

Birthplace: Md

Occupation: none

Where Residing if not at place of death: Md

Married, Single or Widowed: Sgl

Name of Wife or Husband: Samuel Johnson

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Samuel Johnson — Father's Birthplace: Md

Mother's Maiden Name: Mary Johnson — Mother's Birthplace: Md

Name of person giving Information: Samuel Johnson — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Brow-Maked-ro — How long: ½ week

Immediate: — How long: 7 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr Aydlott

Address: Snowhill Md

Accident or Suicide? County

LIBRARY BUREAU A66516

Name in Full: Miriam E. Jones

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Stockton (Post Office) — County: Worcester

Date of death: 1904 — Month: Mar. — Day: 23 — Age: Years 64 — Months 2 — Days 19

Sex: Male — Color or Race: White — Birthplace: Worcester Co.

Occupation: Oysterman — Where Residing if not at place of death:

Married, ~~Single~~ or ~~Widowed~~ — Name of Wife or ~~Husband~~: Eliza M. Tull

Father's Name: John S. Jones — Father's Birthplace: Worcester Co

Mother's Maiden Name: Caroline Ellis — Mother's Birthplace: Worcester Co

Name of person giving Imformation: Nat Jones — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 2 weeks

Immediate: Asthenia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Jno. D. Dickerson, M.D.

Address:

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full: Edna Mason

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Mt Wesley — County: Worcester

Date of death 1904 — Month: Mar — Day: 21 — Years: 12 — Months: — — Days: —

Sex: Female — Color or Race: Colored — Birthplace: Md

Occupation: — — Where Residing if not at place of death: Md

Married, Single or Widowed: Single — Name of Wife or Husband: Mary Ridden

Father's Name: George Mason — Father's Birthplace: Md

Mother's Maiden Name: Mary Ridden — Mother's Birthplace: Md

Name of person giving In formation: Annie Purnell — How related to deceased: Cousin

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Consumption — How long: 2 months

Immediate: — How long: 6 days

PHYSICIAN OR CORONER

Are the name, age, sex, color. date and place correctly given above?

Signature of Physician: Dr Aydelotte

Address: Snowhill Md

Accident or Suicide? County

Worcester

LIBRARY BUREAU A88816

Name in Full: Rozena Massey

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: ~~Bristol~~ Town: Parkerton — County: Worcester

Date of death 190 4 — Month: March — Day: — Years: Age 50 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: near Parkerton

Married, Single or Widowed: Married — Occupation: Housekeeper

Name of Wife or Husband: ~~Rengo~~ Massey

Father's Name: Isiadic Gray — Father's Birthplace: Parkerton

Mother's Maiden Name: Miss Cary — Mother's Birthplace: Wholeyville

Name of person giving information: — How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: Three years

Immediate: Consumption — How long: Three years

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R R Collins

Address: Bristol Md

Accident or Suicide?

LIBRARY BUREAU A6818

Name in Full: Elsie Morris

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Upperfield — County: Worcester

Date of death: Month: 3 — Day: 27 — Year: 1904 — Age: Years: 94 — Months: — — Days: —

Sex: Male — Color or Race: Blk — Birthplace: Worcester

Occupation: Farmer — Where Residing If not at place of death: —

Married, Single or Widowed: Widower — Name of Wife or Husband: —

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Imformation: Elsie Smith — How related to deceased: Nephew

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hemorrhage — How long: 1 Month

Immediate: Bowels gave way — How long: Week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Hand Coroner

Address: [redacted]

Accident or Suicide?

LIBRARY BUREAU A86016

Name in Full: infant no name

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Snow Hill. — County: Worcester

Date of death: 1907 — Month: Mar. — Day: 25 — Age — Years: — Months: — Days: 5

Sex: Male — Color or Race: White — Birthplace: Md.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: I. H. Pangard — Father's Birthplace: Md

Mother's Maiden Name: Mary A. Disharoon — Mother's Birthplace: Md.

Name of person giving Information: — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long: —

Immediate: Dyspepsia — How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Md Physician

Address: W. T. Hearne Snow Hill Md.

Accident or Suicide? Nd

LIBRARY BUREAU A55618

Name in Full: Easter Pitts

CERTIFICATE OF DEATH

MARYLAND

Died at: near Berlin — Town

County: Worcester

Date of death: 1904 — Month: March — Day: 13 — Years: 66 — Months: — — Days: —

Sex: Female — Color or Race: Black — Birthplace: Maryland

Occupation: House Keeper — Where Residing if not at place of death: 20

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: — — — Father's Birthplace: —

Mother's Maiden Name: — — — Mother's Birthplace: —

Name of person giving Imformation: Henry Pitts — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Bronchitis — How long: —

Immediate: Heart weakness — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. W. Merriken

Address: Berlin Md

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: Edward Robbins

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Ironshire County: Worcester

Date of death: Month: March Day: 1 Years: 70 Months: Days:

Age: 70

Sex: Male Color or Race: Black Birthplace: Maryland

Occupation: Where Residing if not at place of death:

~~Married, Single~~ or Widowed: Name of Wife or Husband:

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Imformation: Liahu Robbins How related to deceased: son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age & Cold How long:

Immediate: Senile Pneumonia How long: one week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Ebe Holland

Address: Berlin Md

Accident or Suicide?

LIBRARY BUREAU A88018

Name in Full: Sampson Selby

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Near Bishopsville — (County) Worcester

Date of death 1904 — Month March — Day 7 — Age: Years 71 — Months — Days

Sex Male — Color or Race White — Birthplace Maryland

Occupation Farmer — Where Residing if not at place of death At Homes Institution Sick

Married, Single or Widowed Married — Name of Wife or Husband Ellen Cottrell Age 57 years

Father's Name Isaac Selby — Father's Birthplace Md

Mother's Maiden Name Nancy Mitchell — Mother's Birthplace Md

Name of person giving Imformation His widow — How related to deceased widow

10

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Lagrippe — How long 4 Days

Immediate: — How long

Are the name, age, sex, color, date and place correctly given above? yes — Signature of Physician R P Collins

Address Bishopville Md.

Accident or Suicide? Bishopsville md

LIBRARY BUREAU A88016

Name in Full: Louise Smack

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Berlin — County: Worcester

Date of death: 1904 — Month: 3 — Day: 24 — Age: Years: 16 — Months: — — Days: —

Sex: Female — Color or Race: Blk. — Birthplace: Worcester

Occupation: — — Where residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Albert Smack — Father's Birthplace: Worcester Md

Mother's Maiden Name: Mary E Wise — Mother's Birthplace: "

Name of person giving Imformation: — How related to deceased: Aunt

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: 3 mos

Immediate: — — How long: "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr J. P Henry

Address: Berlin Md

Accident or Suicide?

LIBRARY BUREAU A60016

Name in Full: Sampson Smallwood

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Parkton — County: Baltimore

Date of death: Month: 3 — Day: 26 — Years: 1904 — Age: 70 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: Widower — Name of Wife or Husband:

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Imformation: Sampson Smallwood — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Consumption — How long: Some time

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr R Collins

Address: Berkleyville

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Cordelia Ann Smith

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Near Snowhill — County: Worcester

Date of death: 1904 — Month: Mar — Day: 24 — Age: Years 39 — Months — — Days —

Sex: Female — Color or Race: colored — Birthplace: Worcester

Occupation — Where Residing if not at place of death: Worcester

Married, Single or Widowed: Married — Name of Wife or Husband: Sandys Smith

Father's Name: Henry Taylor — Father's Birthplace: Worcester

Mother's Maiden Name: Elizabeth Taylor — Mother's Birthplace: Worcester

Name of person giving In formation: Elizabeth Taylor — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: 12 months

Immediate — How long: 4 months

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: Dr J. S. Aydelotte

Address: Snowhill Maryland

Accident or Suicide? County

LIBRARY BUREAU A85516

Name in Full: Unnamed Stirkley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pocomoke City — County: Worcester

Date of death 1904: Month: March — Day: 18

Age: Years: — Months: 3 — Days: 18

Sex: Male — Color or Race: Black — Birthplace: Worcester Co

Occupation: None — Where Residing if not at place of death: Pocomoke City —

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Charlie Stirkley — Father's Birthplace: Worcester Co

Mother's Maiden Name: Hattie Quinn — Mother's Birthplace: Worcester Co

Name of person giving Imformation: Charlie Stirkley — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Lagrippe — How long: 3 Months 18 days

Immediate: — How long: " "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician:

Address:

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: John E. Taylor

CERTIFICATE OF DE

MARYLAND

Died at: Town: Girdle Tree Hill; County: Worcester

Date of death: Month: Mar; Day: 28; Year: 1904; Age: Years: 68; Months: —; Days: —

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female; Color or Race: col; Birthplace: Worcester

Occupation: Farmer; Where Residing if not at place of death: md.

Married, Single or Widowed: Married; Name of Wife or Husband: Bithia Taylor

Father's Name: Josey Taylor; Father's Birthplace: unknown

Mother's Maiden Name: May Taylor; Mother's Birthplace: unknown

Name of person giving information: Charles E. Mannon; How related to deceased: none

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever; How long: 12 months

Immediate: — ; How long: one week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr Baumann

Address: Girdle Tree Md

Accident or Suicide? Casualty

Worcester

LIBRARY BUREAU A66610

Name in Full: Sallie A ~~Fait~~ Taylor

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Snow Hill; County: Worcester

Date of death: Month: March; Day: 2; 1904

Age: Years: 56; Months: —; Days: —

Sex: Female

Color or Race: White

Birthplace: Bishopville

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: Tom. Taylor.

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Tom King

Father's Birthplace: Bishopville

Mother's Maiden Name: Sarah Taylor

Mother's Birthplace: "

Name of person giving information: Charley Taylor

How related to deceased: Son.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: —

How long: —

Immediate: Old Age

How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W T Hearn

Address: Snow Hill

Accident or Suicide?

LIBRARY BUREAU A88916